

## **Massachusetts Department of Public Health Vaccine Management Unit**

305 South Street, Jamaica Plain, MA 02130 Phone: 617-983-6828 Fax: 617-983-6924

Received in Vaccine Unit:								
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Vaccine Usage Aggregate Report Fax to: 617-983-6924											to: 617-983-6924
Site No	): (VACMAN I	ID)	Site N	ame:							
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Date Submitted: (mm.dd.yyyy)			Contact Person:					Phone Number:			
	Age Group (Years)										
	<1	1	2-5	6-12	13-18	19-29	30-49	50-64	65+	Total	Lost-Reason*
DT					<u>-</u>						
DTaP			<del>  </del>		i · · · · · · · · · · · · ·	† : ! !	<del> </del>	-	   		
elPV	<u> </u>		<u> </u>								
Hep A (adult)			<u></u>	<del></del>	<u></u>						
Hep A (peds)	<del>;</del> <del> </del>					;	;; <u></u>	<u></u>	<u>  </u>		
Hep B (adult)	<u> </u>	<u> </u>	i    - 	<del></del>	<u> </u>						
Hep B (peds)						<u>                                     </u>	<u>                                     </u>	<u>                                     </u>			<u> </u>
Hib			<u> </u>								
HPV	<u>                                     </u>	<del></del>	<del></del> ii				<u> </u>	<u>                                     </u>	<u> </u>		
MCV4											
MMR	<del></del>										
PCV7	<u> </u>				<u> </u>	<u>                                    </u>	<u>                                     </u>	<u>                                    </u>	<u> </u>		
Pediarix	+ <u></u>				_	1     	L	L       			<u> </u>
PPV23	<u> </u>				<u>-</u>  -		<u> </u>				
Rotavirus	<del></del>	<u> </u>			<u> </u>		<u>                                     </u>	<u>                                    </u>	<u>                                     </u>		
Td	<del> </del>		  -  -  -		-i	<u>;</u>	· 				
Tdap	<u></u>	     									
	<del> </del>		<u> </u>  - !		<u></u>	<u>                                   </u>	<u> </u>	<u>                                     </u>	<u>                                     </u>		<u> </u>
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\*Please indicate the reason for vaccine doses lost or expired by using one of the following four codes:

A. Spoilage/damage due to break in cold chain or refrigeration

C. Discarding of remaining doses in opened multi-dose vials

B. Damaged/Contaminated vials

D. Expiration before use